REMARKS

The applicant erroneously stated that the guidewire was made with zinc in claims 12, 20, 28 and 33. The applicant also made this mistake in one place in the specification and one place in the abstract. The remainder of the specification correctly called for the guidewire to be made with zirconium. The applicant has amended the application by replacing all instances of the word "zirc" with the word "zirconium". No other changes were made to the specification or claims.

Since all claims now appear to be allowable the applicant prays that the claims be passed to allowance.

Dated: October 16, 2002.

Respectfully submitted,

NIKOLAI & MERSEREAU, P.A.

Steven E. Kahm

Attorney for Applicant Registration No. 30,860 900 Second Avenue South Suite 820, International Centre

Minneapolis, MN 55402 Telephone: (612) 339-7461 RADSERSION WITH MARKINGS TO SHOW CHANGES MADE TO THE SPECIFICATION

On page 4 in the 4th full paragraph please amend the paragraph as follows:

The titanium molybdenum alloy is preferably a mixture of about 78% titanium 11.5% molybdenum 6% [zinc] <u>zirconium</u> and 4.5% tin by weight.

VERSION WITH MARKINGS TO SHOW CHANGES MADE TO THE ABSTRACT

A guidewire for medical use such as in vascular and nonvascular systems. The guidewire made from a titanium molybdenum alloy wire with a composition of approximately 78% titanium 11.5% molybdenum 6% [zinc] zirconium and 4.5% tin by weight such that it is softer than stainless steel guidewires and stiffer than NiTi alloy guidewires. The distal end of the guidewire is of a smaller diameter and softer than the proximal end and fitted with a coil for springiness such that the distal end will bend when encountering curves in the body passageways. The distal tip may be heat treated for a gradient of softness with the distal tip being the softest. The distal end may also be tapered to provide an additional gradient of softness. A distal tip on the distal end of the guidewire protects the wall of the passageway from being punctured as the guidewire travels through the passageway. The resulting guidewire has properties between those of stainless steel guidewires and NiTi alloy guidewires for better torsion and stiffness characteristics.

OCT 2 2 2002

TECHNOLOGY CENTER HOLDE

09/760,136

VERSION WITH MARKINGS TO SHOW CHANGES MADE TO THE CLAIMS

5

Please amend claims 12, 20, 28 and 33 by entering the following:

- 12. (amended) A guidewire for inserting into body passageways during medical procedures comprising a titanium molybdenum alloy wire having approximately 78% titanium, 11.5% molybdenum, 6% [zinc] <u>zirconium</u> and 4.5% tin by weight.
- 20. (amended) A guidewire for inserting into body passageways during medical procedures comprising a titanium molybdenum alloy wire having approximately between about 75 % and about 83 %titanium, between about 8 % and about 14 %molybdenum, between about 4 % and about 8 % [zinc] zirconium and between about 2 % and about 6 % tin by weight.
- 28. (amended) A method of making a guidewire for inserting into body passageways during medical procedures comprising:

obtaining a titanium molybdenum alloy wire having a composition of approximately 78% titanium, 11.5% molybdenum, 6% [zinc] <u>zirconium</u> and 4.5% tin by weight grinding the distal end to make a smaller diameter, attaching a coil to the distal end, and attaching a distal tip to the distal end.

33. (amended) A method of making a guidewire for inserting into body passageways during medical procedures comprising:

obtaining a titanium molybdenum alloy wire having approximately between about 75 % and about 83 %titanium, between about 8 % and about 14 %molybdenum, between about 4 % and about 8 % [zinc] <u>zirconium</u> and between about 2 % and about 6 % tin by weight, grinding the distal end to make a smaller diameter, attaching a coil to the distal end, and attaching a distal tip to the distal end.